

**APPLICATION FOR PLUMBING REVIEW  
AND CROSS CONNECTION ASSEMBLY  
REGISTRATION**  
-Complete all pages-

**GENERAL PLUMBING**

**NOTE:** Personal information you provide may be used for secondary purposes [Privacy Law s. 15.04(1)(m), Stats.]

This form may be utilized for fax appointments. Indicate date plans will be in our office: \_\_\_\_\_

Circle your choice of office: 1. Next available appt in any office 2. Green Bay 3. Hayward 4. LaCrosse 5. Madison 6. Shawano 7. Waukesha

E Mail Scheduling PlanSchedule@commerce.state.wi.us

Toll free fax number (877) 840-9172

**1. Complete for confirmed appointments\*:**

Transaction ID: \_\_\_\_\_  
Previous Related Trans. ID: \_\_\_\_\_  
Assigned Reviewer: \_\_\_\_\_  
Assigned Office: \_\_\_\_\_  
Review Start Date\*: \_\_\_\_\_

For next available appointment, plan status checks, see our website at  
<http://www.commerce.state.wi.us/SB/SB-DivReviewStatusSearch.html>.

**\*Plans must be received in the office of the appointment no later than 2 working days before the confirmed appointment.**

**2. Project Information – Fill in all known information**

Project/Site Name \_\_\_\_\_  
Number & Street \_\_\_\_\_  
County \_\_\_\_\_  
( ) City ( ) Village ( ) Town of \_\_\_\_\_

**3. Mailing Information**

**After plans are reviewed, please: (check all that apply)**

\_\_\_ Call Customer 1, 2, 3 (circle number)\*    \_\_\_ Mail plans to customer 1, 2, 3, (circle number)\*    \_\_\_ Requesting party will pick up.  
\*Refers to customer listed below

**4. Complete the following customer information in the boxes below.**

**Designer Information (Customer 1) (Person who stamped the plan)**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Commerce Customer Number \_\_\_\_\_  
Company Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip + 4 (9 digits) \_\_\_\_\_  
(Area Code) Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_  
email address \_\_\_\_\_  
Have you submitted plans in the last year? ( ) Yes ( ) No

**Other, Please Specify (Customer 3) \_\_\_\_\_**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Commerce Customer Number \_\_\_\_\_  
Company Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip + 4 (9 digits) \_\_\_\_\_  
(Area Code) Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_  
email address \_\_\_\_\_

**Owner Information (Customer 2)**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Commerce Customer Number \_\_\_\_\_  
Company Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip + 4 (9 digits) \_\_\_\_\_  
(Area Code) Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_  
email address \_\_\_\_\_

**Make checks payable to Dept. of Commerce, Attach check here.**

**Total amount due (From Page 3) \$ \_\_\_\_\_**  
**Minimum Fee \$60.00**  
**Revenue Code 7657**

**SUBMIT ADDITIONAL PAGE 2 FOR EACH NON-IDENTICAL BUILDING OR TENANT SPACE**

**5. BUILDING SPECIFIC INFORMATION**

- ( ) New ( ) Addition/Alteration ( ) Revision to Previously Approved plan where approved construction has not been completed  
 ( ) Structure is greater or equal to 3 stories in height ( ) Project is Apartment/Condo only ( ) Healthcare Related Facility  
 ( ) Multiple identical buildings Number of identical buildings being submitted \_\_\_\_\_ (NOTE: Must be on same site)

**Indicate Building/Tenant Designation for Each Building and/or Tenant Space (Attach Additional Pages if Necessary)**

Building/Facility Name/Designation	Previous Tenant Name	Building/Facility Address

6. Item Description – Indicate items included with this submittal for this building	Fee Computations (doubled for installation without approval) (Check appropriate box and enter fee) Calculate the fees separately for each building.	Required Fee
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Indicate the total number of interior fixtures, including roof drains and hose bibs being submitted for this building. \_\_\_\_\_

( ) Grease Interceptor	Number of Grease Interceptors... _____ x \$70.00, no additional fee if submitted with Sanitary Drain & Vent	
( ) Garage Catch Basin	Number of Garage Catch Basins... _____ x \$70.00, no additional fee if submitted with Sanitary Drain & Vent	
( ) Oil Interceptor	Number of Oil Interceptors... _____ x \$70.00, no additional fee if submitted with Sanitary Drain & Vent	
( ) Car Wash Interceptor	Number of Car Wash Interceptors... _____ x \$70.00, no additional fee if submitted with Sanitary Drain & Vent	
( ) Sanitary Dump Station	Number of Sanitary Dump Stations... _____ x \$70.00, no additional fee if submitted with Sanitary Drain & Vent	
( ) Chemical System (Not Eyewashes)	Number of Chemical Systems... _____ x \$70.00, no additional fee is submitted with Sanitary Drain & Vent	
( ) Cross Connection Control Assemblies in <b>Health Care Related Facilities to be reviewed</b>	Number of Cross Connection Control Assemblies... _____ x \$125	
( ) Request to Register Cross Connection Control Assemblies in <b>Non-Health Care</b>	Number of Cross Connection Control Assemblies... _____ x \$125	
( ) <b>Water Reuse System</b> - experimental blackwater	\$120.00 minimum for each reuse system. (NOTE: Additional fees will be charged at \$60/hr if review time exceeds 2 hours.)	
( ) <b>Water Reuse System</b> - stormwater for interior use		
( ) <b>Water Reuse System</b> - graywater		
( ) <b>Water Reuse System</b> - subsurface irrigation		

**7. BUILDING SPECIFIC SANITARY:**

Select ONE of the following six options and enter the corresponding diameter or Drainage Fixture Units (DFU) and enter fee

1. ( ) Interior <b>Sanitary Drain &amp; Vent</b> System and Exterior <b>Sanitary Building Sewer</b>	Diameter of sanitary building sewer(s) in inches. _____ x \$40.00	
2. ( ) Interior <b>Sanitary Drain and Vent</b> system only.	Diameter of sanitary building sewer, in inches, required to serve the building. _____ x \$40	
3. ( ) Exterior <b>Sanitary Building Sewer(s)</b> only.	Diameter of sanitary building sewer(s) in inches. _____ x \$25.00	
4. ( ) Interior <b>Sanitary Drain and Vent</b> system within an addition or remodeled building.	_____ DFU's new, added or relocated See fee table 1 on page 4 to convert DFU to a fee	
5. ( ) Multiple exterior <b>Sanitary Building Sewers</b> serving the single building, and the interior <b>Sanitary Drain and Vent system</b>	_____ DFU's new, added or relocated See fee table 1 on page 4 to convert DFU to a fee	
6. ( ) Interior <b>Sanitary Drain and Vent System</b> with multiple building drains exiting the building, no exterior sanitary building sewers	_____ DFU's new, added or relocated See fee table 1 on page 4 to convert DFU to a fee	

**8. BUILDING SPECIFIC WATER:**

Select ONE of the following six options and enter the corresponding diameter or Gallons Per Minute (GPM) and enter fee

1. ( ) Interior <b>Water Distribution</b> system and exterior <b>Water Service</b>	Diameter of exterior water service in inches, or if serving a combination domestic and fire sprinkler system, diameter of interior water distribution immediately after the meter or at the building control valve in inches. _____ x \$40	
2. ( ) Interior <b>Water Distribution</b> system, no exterior water service	Diameter of interior water distribution immediately after the meter or at the building control valve in inches. _____ x \$40	
3. ( ) Exterior <b>Water Service(s)</b> , no interior Water Distribution system	Diameter of exterior water service in inches. _____ x \$25	
4. ( ) Interior <b>Water Distribution</b> system within an addition or remodeled building, no exterior Water Service	_____ GPM added or relocated See fee table 2 on page 4 to convert GPM to a fee	
5. ( ) Multiple exterior <b>Water Services</b> serving the single building, and the interior <b>Water Distribution</b> system	_____ GPM See fee table 2 on page 4 to convert GPM to a fee	
6. ( ) Interior <b>Water Distribution</b> system with multiple services exiting the building, no exterior Water Services	_____ GPM See fee table 2 on page 4 to convert GPM to a fee	
<b>Page Fee Subtotal</b> _____ <b>Number of Identical buildings X above Fee Subtotal</b> <b>Fee subtotal (carry to bottom of Page 3)</b>		_____

9. SITE SPECIFIC INFORMATION:				
Check and complete diameter information if included in this submittal		Fee Computations (doubled for installation without approval) (Check appropriate box and make fee computation)		Required Fee
<b>SANITARY</b>				
<input type="checkbox"/> Submittal of <b>Sanitary Private Interceptor Main Sewer</b> Indicate the number of independent connections to the municipal sewer or POWTS _____		Sum of largest PIMS diameters in inches.. ____x \$25/inch (Compute for each independent system and total.)		
<b>WATER</b>				
<input type="checkbox"/> <b>Private Water Main</b> Indicate the number of independent connections to the municipal water main or well pressure tank _____		Sum of water main diameters in inches.. ____x \$25/inch (Compute for each independent system and total.)		
<b>STORM - All Storm piping is considered site specific.</b> If the plan includes subsurface infiltration, submit only to Green Bay, LaCrosse, or Hayward. If the submittal is <u>only subsurface infiltration</u> , you may also submit to Madison.				
Indicate total number of exterior fixtures such as storm drain inlets submitted with this application _____  Check all that apply  <input type="checkbox"/> <b>Interior storm drain system with a clearwater drain system</b> (If submitting interior storm <u>only</u> , use the roof area to determine the drainage area for fees.)  <input type="checkbox"/> <b>Interior storm drain system without a clearwater drain system</b> (If submitting interior storm <u>only</u> , use the roof area to determine the drainage area for fees.)  <input type="checkbox"/> <b>Storm Building Sewer</b>  <input type="checkbox"/> <b>Storm Private Interceptor Main Sewer</b>		<b>Drainage area served by the storm plumbing system is:</b> (Check one and enter corresponding information)		
		A. <input type="checkbox"/> Less than or equal to 1 acre drainage to the plumbing system with a single discharge point _____ diameter at discharge point in inches X \$10/inch		
		B. <input type="checkbox"/> Less than or equal to 1 acre drainage to the plumbing system with multiple discharge points _____ Total GPM discharge. See table 3 on next page. to convert GPM to a fee		
		C. <input type="checkbox"/> Greater than 1 acre drainage to the plumbing system. Acres _____ See table 4 on next page to convert acres to a fee.		
		NOTE: Maintenance plan submittal required		
<input type="checkbox"/> <b>Storm water and/or clear water Subsurface Infiltration</b> for Public Building <b>submitted with or without a storm piping system</b> Storm System Infiltration volume (gal or cf) _____ Select Green Bay, Hayward, or LaCrosse offices for plans with infiltration and other plumbing systems. If submitting Infiltration separately you may select the Madison Office.		<input type="checkbox"/> If this submittal is infiltration WITH storm, indicate \$100.00 in the fee column.		
		<input type="checkbox"/> If submitting infiltration WITHOUT storm, calculate the corresponding fee in A, B, or C above as if you were submitting those elements and enter here _____. Add \$100.00 and enter the total fee in the fee column.		
<input type="checkbox"/> <b>Clearwater drain system</b> without an interior storm drain system		\$10.00/inch diameter of each clearwater drain system		
If designing to meet NR151 Standards, what is: ➤ Allowable discharge from plumbing system (cfs or gpm) _____ ➤ Stormwater final effluent values (grease and oils, TSS, bacteria, etc.) _____				
<b>10. If the submittal is for a Mobile Homes Park and/or Campground/Recreational Vehicle Park, indicate the number of sites and enter fee:</b>				
Mobile/Manufactured Home Park and/or Campground/Recreational Vehicle Park	Required Fee	Mobile/Manufactured Home Park and/or Campground/Recreational Vehicle Park	Required Fee	
<input type="checkbox"/> 1-25 Sites	\$300.00	<input type="checkbox"/> 51-125 Sites	\$400.00	
<input type="checkbox"/> 26-50 Sites	\$350.00	<input type="checkbox"/> Greater than 125	\$500.00	
<b>Mobile Home Park and/or Campground/Recreational Vehicle Park submittal includes:</b>				
<input type="checkbox"/> Sanitary Dump Station		<input type="checkbox"/> Exterior Water Service		
<input type="checkbox"/> Exterior Sanitary Sewer		<input type="checkbox"/> Private Water Main		
<input type="checkbox"/> Sanitary Private Interceptor Main Sewer				
<b>11. OTHER FEES</b>				
<input type="checkbox"/> Plan Approval Extension (1 year maximum)		\$100.00		
<input type="checkbox"/> Revision to previously approved plans – Transaction number _____		\$75.00 Required		
<input type="checkbox"/> Experimental Plumbing System (Submit to Madison Office)		Number of Experimental Plumbing Systems... ____ x \$500.00		
<input type="checkbox"/> Alternate Plumbing System (Submit to Madison Office)		Number of Alternate Plumbing Systems... ____ x \$400.00		
<b>Subtotal From Page 2 (include subtotals from additional Page 2s if used)</b>				
<b>Enter Total Fee Here and at Bottom of First Page</b>				

**Table 1**

DRAINAGE FIXTURE UNIT (DFU ) FEE TABLE		
DFU	Pipe Diameter	Fee (diameter X \$40)
1	1 1/4	\$50
2-3	1 1/2	\$60
4-6	2	\$80
7-20	3	\$120
21-160	4	\$160
161-360	5	\$200
361-620	6	\$240
621-1400	8	\$320
1401-2500	10	\$400
2501-3900	12	\$480

**Table 2**

WATER DISTRIBUTION FEE TABLE		
Comm 82.36 Table 2.64-2		
GPM		Fee
1 to 6	.....	\$20.00
7 to 12	.....	\$30.00
13 to 21	.....	\$40.00
22 to 31	.....	\$50.00
32 to 46	.....	\$60.00
47 to 77	.....	\$80.00
78 to 119	.....	\$100.00
120 to 170	.....	\$120.00
171 to 298	.....	\$140.00

**Table 3**

STORM GALLONS PER MINUTE (GPM) FEE TABLES		
GPM	Diameter	Fee (diameter X \$10/inch)
1-50	3	\$30
51-115	4	\$40
116-195	5	\$50
196-320	6	\$60
321-700	8	\$80
701-1300	10	\$100
1301-2200	12	\$120
2201-4050	15	\$150
4051-6700	18	\$180
6701-9880	21	\$210
9881-14700	24	\$240

**Table 4**

STORM AREA FEE TABLE	
Acres (area drained to a plumbing system)	Fee
Greater than 1 to 5	\$350
Greater than 5 to 15	\$400
Greater than 15	\$500

43,560 sq ft = 1 acre

## 12. Agent Municipalities (See Comm Table 82.20 - 2 for agent plan submittals.) Cities of:

Appleton  
Eau Claire  
Green Bay

Greenfield  
Janesville\*  
Kenosha

Madison  
Milwaukee  
Oak Creek

Oshkosh  
Sheboygan

\*NOTE: Plans must be submitted to agent, unless waived by them.

EXCEPTION: A project in Janesville may be submitted to the state or to Janesville

Some agents are delegated plan review of infiltration systems. See website at <http://commerce.wi.gov/SB/SB-PlumbingAgentMunis.html> for the current list.

## 13. Appointment , Scheduling Information, and Plan Submittal Checklists

For your convenience we have installed a 24 hour, toll free number dedicated to receiving fax plan review appointment requests only. The number is **877-840-9172**. Be sure to indicate whether you want the next available review statewide or prefer a choice of an office. You will receive a Schedule Letter back with an Appointment Date, Transaction ID No. and Assigned Reviewer. You may also E-mail the request to [PlanSchedule@commerce.state.wi.us](mailto:PlanSchedule@commerce.state.wi.us). When making an appointment, you may request review for a specific office or desired (beginning) date for review. Plans must be received in the office of the appointment no later than 2 working days before the confirmed appointment. Non-scheduled submittals or submittals received without a confirmed appointment date and transaction number on the form may be assigned to offices other than the receiving office depending on reviewer availability. **You may email technical code questions to [plbgtech@commerce.state.wi.us](mailto:plbgtech@commerce.state.wi.us).** **NOTE: To gain more information about Safety and Buildings (forms, codes, staff, etc.), view our website at: <http://www.commerce.state.wi.us/SB/SB-HomePage.html>.**

<b>Madison S&amp;BD</b> 201 W Washington Ave 53703 PO Box 7162 Madison WI 53707-7162 608-266-3151 TDD 608-264-8777 Fax: (for sending questions or additional info to reviewers) 608-267-9566	<b>Hayward S&amp;BD</b> 10541N Ranch Rd Hayward WI 54843  715-634-4870 Fax: (for sending questions or additional info to reviewers) 715-634-5150	<b>LaCrosse S&amp;BD.</b> 4003 N Kinney Coulee Rd LaCrosse WI 54601  608-785-9334 Fax: (for sending questions or additional info to reviewers) 608-785-9330	<b>Shawano S&amp;BD</b> 1340 E Green Bay Shawano WI 54166  715-524-3626 Fax: (for sending questions or additional info to reviewers) 608-283-7444	<b>Green Bay S&amp;BD</b> 2331 San Luis Place Green Bay, WI 54304  920-492-5601 FAX: (for sending questions or additional info to reviewers) 920-492-5604	<b>Waukesha S&amp;BD</b> 141 NW Barstow St 4 <sup>th</sup> Floor Waukesha WI 53188-3789  262-548-8600 Fax: (for sending questions or additional info to reviewers) 262-548-8614
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DO NOT SUBMIT THIS PAGE AS PART OF SCHEDULE REQUEST

## 14. CROSS CONNECTION DEVICE INFORMATION

Use when submitting and/or registering cross connection control devices.

☐ Check if Healthcare and Related Facilities

Assembly Type*	Facility Name	Size	Mfg.	Assembly Model	Serial Number	Specific Location of Assembly	Assembly Is Serving
* RP	UW Human Services Buildings	3/4"	ACME	002M2QT		Rm. 219, No. Wall	Boiler

\*  
PVB Pressure vacuum breaker assembly – ASSE 1020 + CAN/CSA B64.1.2  
RP Reduced pressure principle backflow preventer – ASSE 1013 + CAN/CSA B64.4  
RPD Reduced pressure detector backflow preventer – ASSE 1047  
SVB Back siphonage backflow vacuum breaker – ASSE 1056

“Health care and related facility” means a hospital, nursing home, community-based residential facility, county home, infirmary, inpatient mental health center, inpatient hospice, ambulatory surgery center, adult daycare center, end stage renal facility, facility for the developmentally disabled, institute for mental disease, urgent care center, clinic or medical offices, child caring institution, or school of medicine, surgery or dentistry.

### 15. PLAN SUBMITTAL SHALL INCLUDE THE FOLLOWING IN ACCORD WITH CODE SECTION Comm 82.20.

Two complete sets of plumbing plans and specifications (including materials and fixtures) (maximum of five).

Plans shall include:

- Plot plan showing sanitary and/or storm sewer and water.
- Floor plan showing horizontal drains, water distribution lines, and all fixtures and equipment to be installed.
- 30/60° isometric diagrams of the drain, vent and water distribution systems.
- Complete water calculations in accord with s. Comm 82.40 (7).
- Complete storm drain sizing calculations in accordance with s. Comm 82.36 (5).
- Remodeling or additions shall include existing loads.
- Water Quality Management Letter if required by s. Comm 82.20 (4)(c).
- For storm water plans, submit appropriate architectural roof drainage plans, site grade run off plans and contour lines showing what is drained to the plumbing system.
- For infiltration systems, submit Soil and Site Evaluation Form SBD-10793.
- A Notice of Intent, form SBD-10376, must be filed with the Department if more than 1 acre is disturbed.
- All plans must be properly signed as Comm 82.20 (4)(d). Plans involving more than one sheet must be **BOUND** into sets.
- For water re-use submittals include information requested in the product approval.

### 16. Other Potential Plan Submittals Required For A Project?

- Petition for Variance – Submit form SBD-9890-X
- Private sewage systems under chapters Comm 81-85
- Buildings under Comm 61-65, 70
- Elevators or Escalators under chapter Comm 18
- Swimming Pools or other Aquatic Centers within a Commercial/Public Facility under chapter Comm 90
- Tank storage of 5,000 gallons or more of flammable or combustible liquids under chapter Comm 10
- Fixtures which require water or waste connections may need product approval.
- There is no state electrical review

Contact the Safety & Buildings Division for individual submittal requirements for all of the above.

For licensing of Hotels, Motels, Restaurants, Pools, Campgrounds and Bed & Breakfast establishments contact the WI Environmental Sanitation Section at (608) 266-2835.

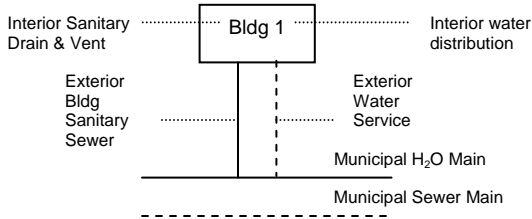
The Wisconsin Permit Center at 1-800-435-7287 may be able to help you with other state permit requirements.

**Note: Be aware that State Plan Review & Approval is separate from Local Permits. Always check with the local municipality and county for their requirements.**

Per Comm 82.20 (6), one set of approved plans shall be kept at the construction site.

**TYPICAL EXAMPLES OF BUILDING SPECIFIC/SITE SPECIFIC  
INDICATED TASKS ARE FOR COMPLETING FORM PAGES AND FUTURE WEB  
SCHEDULING EXPECTED OCTOBER 1, 2005**

**(1)  
Building Specific Plumbing Component**

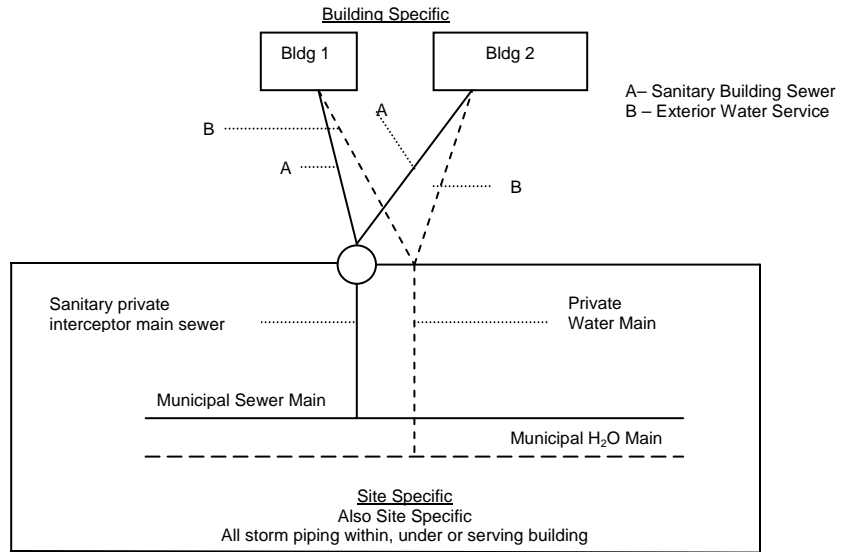


All are building specific

Web - 1 Building Specific Plumbing Component

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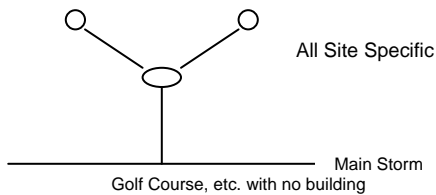
**(2)  
Building and Site Specific**



Web - 2 Building Specific Plumbing Components  
1 Site Specific Plumbing Component

This Form - Page 2 to be done 2 times Page 3 to be done 1 time

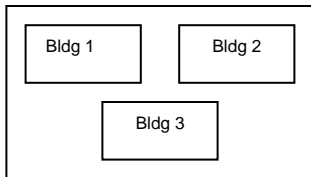
**(3)  
Site Specific Storm**



Web - 0 Building Specific Plumbing Component  
1 Site Specific Plumbing Component

This Form - Page 3 to be done 1 time. Also, if cross connections complete page s 2 & 5.

**(4)**

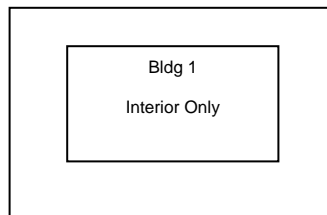


Web - 3 Identical Building Plumbing Components  
1 Site Specific Plumbing Component

All Storm is site specific

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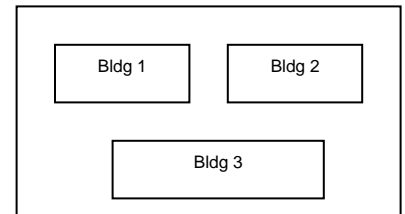
**(5)**



Web - 1 Building Specific Plumbing Component  
0 Site Specific Plumbing Component

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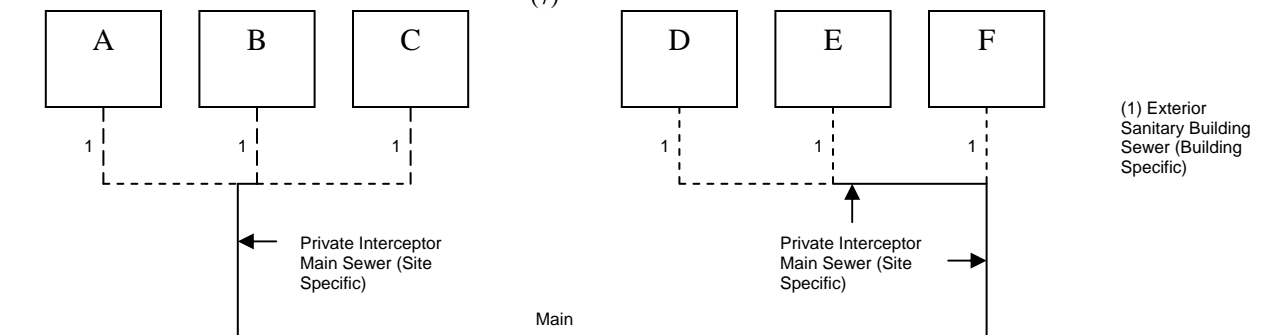
**(6)**



Web - 2 Identical Building Specific Plumbing Components  
1 Non-Identical Building Specific Plumbing Component  
1 Site Specific Plumbing Component

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**(7)**



(1) Exterior Sanitary Building Sewer (Building Specific)

Web - 6 Identical Building Specific Plumbing Components  
2 Site Specific Plumbing Components

This Form - Page 2 to be done 1 time Page 3 to be done 1 time

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